

JP4Life Ltd

Prolife Healthcare Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Prolife Healthcare Services (known as Prolife) is a domiciliary care agency providing support for people living in their own homes and flats. Prolife provides services in Stockport and Trafford. At the time of the inspection Prolife were supporting 22 people.

People's experience of using this service:

People and their relatives were positive about the care staff and the support they provided. They said that the staff knew their needs and the support they required. There had also been positive feedback from local authority social workers about the support provided by Prolife.

Where people required support with administering their medicines they received them as prescribed. Staff signed a medicines administration record (MAR) for all tablets. Where creams were applied this was noted in the daily records. Thickeners added to drinks to reduce the risk of choking were not always recorded in the daily logs. The registered manager said they would introduce staff signing a MAR for all creams and thickeners administered by care staff.

The support people needed was assessed and regularly reviewed with people and their relatives. Risks were identified and guidance provided for staff to minimise the known risks. The support to be provided at each visit was clearly documented in the care plans.

People said there had not been any missed visits and staff completed all tasks required. Staff also checked if people wanted any other things to be done during the visit. Some staff would collect some shopping or go to the post office on people's behalf.

Staff had the training and support to carry out their roles. Staff said that they could contact the care co-ordinator or registered manager at any time and felt well supported. Staff had regular contact with the care co-ordinator and registered manager through phone calls, spot check visits and supervisions. Staff were safely recruited, with all pre-employment checks completed prior to the staff member starting work.

Matrices were used to track when care plan reviews were due and staff training needed to be refreshed. Care plans and staff training records were being uploaded to a computer based system which would highlight when reviews were due.

MARs and daily records were reviewed each month; however, the action taken if an issue had been identified was not always recorded. Incidents were recorded and reviewed by the registered manager. Any action taken was noted. A summary sheet for each person was used to identify if there were any patterns to the incidents.

A formal complaints procedure was in place, but few complaints had been received. People and relatives

told us they would speak to the care staff directly or phone the care co-ordinator or registered manager directly if they had a concern. These were then addressed by the service.

Rating at last inspection: Good; report published 1 November 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Prolife Healthcare Services

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Prolife is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Prolife provides a service to older adults in the Stockport and Trafford areas.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 24 April 2019 and ended on 26 April 2019. We visited the office location on 24 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service

does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted local authority commissioning and safeguarding teams. No concerns were raised about the service provided by Prolife.

During the inspection we visited three people, with their permission, and spoke with them and their relative and friend about the support they received from Prolife. We telephoned a further three people and one relative about their experience of the support provided by Prolife. We also telephoned five members of care staff and spoke with the care co-ordinator and the registered manager.

We looked at a range of records, including four care plans and three medicines records. We also reviewed four staff recruitment files, training and quality assurance and other records in relation to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks a person may face had been identified and guidance provided for staff to manage these known risks. We discussed with the registered manager to clearly record where risks were not applicable for an individual due to their family members completing the relevant support, for example if the family member supports the person to change position in bed.
- One local authority's moving and handling team assessed a person's moving and handling needs prior to the support starting and showed the care staff how to safely support people with their moving and handling needs.
- Risk assessments were reviewed every six months, or as people's needs changed.
- Clear instructions for any moving and handling support were in place.
- An environmental assessment of the properties where the staff provided support was completed.

Using medicines safely

- A medicines assessment was carried out which clearly documented the support a person needed with their medicines.
- All people and relatives we spoke with who were supported with their medicines said they received all their medicines as prescribed. A friend told us, "They (the staff) stay with [name] when they give the tablets or [name] wouldn't always take them. They make sure they're taken."
- Staff signed a medicines administration record (MARs) to state that the medicines had been administered as prescribed. They also noted this in the daily records of their visit.
- Where staff applied topical creams, this was noted in the daily records. Where people were prescribed thickeners to be added to their drinks (to reduce the risk of choking) staff should have also record this in the daily records, but were not always doing so in the records we saw. Good practice guidelines state this should be recorded on a MARs. We spoke with the registered manager about this and they said they would implement a MARs record for all creams and thickeners administered by Prolife staff.
- Where one person had started to refuse their medication, we saw a best interest meeting had been held with their family and GP and it was agreed to administer the medicines covertly in the person's best interests.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives thought they were safe when being supported by Prolife staff.
- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding vulnerable adults.

Staffing and recruitment

- Staff continued to be safely recruited, with all pre-employment checks being completed before a new staff member started work.
- People and relatives told us there had not been any missed calls. If necessary, due to short notice staff sickness, the care co-ordinator or registered manager would complete support visits.
- People said that sometimes staff were late attending the support visits – usually due to traffic in the area. There was a short time allowance for travelling between calls on the staff rotas, which was normally sufficient.
- Staff logged in and out of each support visit on the computer based scheduling system used by Prolife. If staff were over 15 minutes late to a call the computer system alerted the care co-ordinator, who could follow up any issues if they were not aware the staff member was running late.
- People told us that they had regular staff visiting them. Staff were allocated to a specific 'run' of calls.

Preventing and controlling infection

- Staff had access to personal protective equipment, for example gloves and aprons where required.
- Guidance was provided for the disposal of any clinical waste.

Learning lessons when things go wrong

- All incidents were recorded and then reviewed by the registered manager. They noted what action had been taken in response to the incident.
- A summary sheet was used for each person to monitor any incidents and to identify any potential patterns to them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles.
- New staff were enrolled on the care certificate, which is a nationally recognised set of standards care staff work towards in their professional lives.
- Staff completed a range of on-line training courses and also took part in a practical moving and handling session. Training was refreshed every year.
- If a person being supported had a different piece of equipment, for example a hoist or stand aid, staff were shown how to use this before supporting people. One person had had a new hoist installed at their house. The staff were shown how to use this by the engineer who installed it.
- Staff told us they felt well supported and could contact the care co-ordinator or registered manager at any time if they needed to. One member of staff said, "If there is any problem the office staff (care co-ordinator or registered manager) will come straight away. They regularly check to see I'm okay with phone calls on a weekly basis and spot checks."
- People and staff said that new staff were introduced to a new client so they could get to know them and the support they needed.
- The registered manager and care co-ordinator carried out supervision meetings and spot checks to talk with the staff and observe their practice. Senior care workers also worked alongside the care staff when a person required two staff for moving and handling. This enabled the senior staff to observe the care staff members practice on a regular basis.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to Prolife supporting a person, an initial assessment of their needs and the support they wanted was carried out. This identified all tasks to be completed by the Prolife staff at each visit and assessed any risks there may be for the person or staff members.
- People, their relatives and relevant professionals where appropriate, were involved in the initial assessment.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans specified where people needed support with their meals. This included if people needed assistance or encouragement to eat their food.
- Information was also available, for example guidance provided by the speech and language team, to meet people's dietary needs, for example if they needed thickened fluids or soft foods.

Staff working with other agencies to provide consistent, effective, timely care

- Where applicable, the service worked alongside other professionals, for example district nurses or other care agencies.

Supporting people to live healthier lives, access healthcare services and support

- Staff explained that they monitored people's health at every visit and would contact the person's family, GP or ambulance if people were unwell. Staff gave examples of when they had stayed with a person until the paramedics had arrived.
- Referrals would be made to the district nurse service if staff noticed a person had red areas of skin when providing personal care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Most people supported by Prolife had the capacity to consent to their care and support.
- Local authority social service departments had, where needed, completed best interest decisions with people's families about the care and support a person required prior to Prolife being contracted to provide any support.
- The registered manager told us they would contact the relevant social service department if a person's capacity changed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people, relatives and friends we spoke with were complimentary about the staff who supported them.
- We were told, "They (the staff) are very friendly and very good; I appreciate it. They're very kind and helpful and do everything they need to do to support me" and "The staff are friendly and are very good; they're like family now."
- A local authority senior social worker had emailed the service and stated, "I've no hesitation in recommending your carers. They are good at meeting [name's] needs and have adapted different approaches to [name] and their family when required."
- People and relatives said the staff would ask if there was anything else they wanted them to do before they left. For example, one person said, "[Name] goes extra mile and will do anything extra if we ask like getting bits of shopping or going to the post office for us." Another relative said the staff would change light bulbs for them.
- Staff knew people's needs well. People's preferences, for example female only staff, were noted in their care plans. Any cultural needs were also identified during the initial assessment.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in agreeing the support they needed, their care plans and the times of their support visits.
- Most people Prolife supported could verbally communicate. We were told how different communication methods were used where applicable, for example one person wrote things down as they could not verbalise what they wanted.
- People and relatives said they could contact the registered manager or care co-ordinator at the office if they needed to.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to explain how they maintained people's privacy and dignity when providing support. One member of staff said, "I make sure I explain what I'm going to do when supporting people and check they are okay with that."
- Staff also explained how they encouraged people to complete tasks for themselves where possible. One member of staff said, "[Name] may be tired some days so I ask if they feel able to walk into the lounge today or if they want to use the wheelchair."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in place which clearly detailed the support people needed and what the members of staff would do during each visit.
- Care plans were reviewed six weeks after the support started and then every six months. People told us they and their relatives were involved in these reviews. One person said, "We've just reviewed the care plan and I could say what I needed to." A relative also told us, "The care plan had just been reviewed as there were some changes in [name's] support needs."
- Staff said that they were informed of any changes in people's needs by the care co-ordinator or registered manager telephoning them and also by reading the daily records. A senior carer said, "If there are any changes in people's needs I phone staff with the information so they know, for example if antibiotics were prescribed."
- Details of people's care needs, from the computer based system, were available for staff to view through an app on their phone.
- If people's needs changed Prolife would contact the relevant social services department to re-assess the support people required and the alter length of the call visits so the care staff could complete all the support tasks that were needed.
- if people were supported to access the local community as part of their agreed support, this was documented in their care plan.
- The registered manager told us the service could produce the service user guide, or other information, in large print if people needed this. They said they had not had to do this so far.

Improving care quality in response to complaints or concerns

- Prolife had a formal complaints procedure in place; although few complaints had been received by the service.
- People and relatives told us they would telephone the office or speak with care staff directly if they had any concerns. They said that the few concerns they had raised had been dealt with.

End of life care and support

- There was no one receiving end of life support at the time of our inspection.
- The registered manager and care co-ordinator explained they had worked with other professionals, for example GPs, district nurses and MacMillan nurses, when supporting people at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Matrices were currently used to track when care plans and risk assessments required reviewing and when staff training was due to be refreshed.
- Medicine administration records (MARs) and daily records were reviewed by the care co-ordinator or registered manager. However, they had not always recorded the action taken if they had found an issue, for example missing signatures on the MARs. We discussed this with the registered manager who said they would ensure this was added to the review sheets where issues had been found.
- The local authority had recently completed a monitoring visit at Prolife. Areas for improvement noted at this visit had been actioned by the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they had good communication with the staff team and senior carers. They said they could also contact the registered manager or care co-ordinator if they needed to and their concerns were listened to and acted upon.
- People and their relatives were involved in agreeing their support needs and any preferences for their support.
- A relative told us, "I would recommend Prolife without hesitation; at the end of the day they do care, there are excellent people in right job."
- Staff members said they had frequent contact with the care co-ordinator and registered manager and were able to voice any issues or concerns they may have and felt these were listened to.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff said they enjoyed working for Prolife and felt well supported by the registered manager and care co-ordinator. They said that they could contact the registered manager or care co-ordinator at any time if they needed to.
- The registered manager and care co-ordinator were aware of the types of incidents that needed to be notified to the CQC.

Continuous learning and improving care; Working in partnership with others

- The computer based scheduling system could also be used to electronically hold all care plans and training records. The service was in the process of uploading these to the system. This would then enable a

review date to be set, which in turn would alert the registered manager and care co-ordinator when care plans and risk assessments were due to be reviewed and staff training refreshed. This should support the service to ensure all care plans and staff training were up to date.

- Prolife worked alongside the local authority where people's needs had changed and a review of the support tasks to be completed at each visit was required. Prolife also worked with other care agencies, for example one person had a visit to reposition in the early hours of the morning, to meet people's identified needs.